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POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLP/E CLASSIFIER		8	01/11/01
FORMALITY REVIEW	H.S	866	01.22.001
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ _____	Rejected	H _____	Non-suited
= _____	Allowed	I _____	Interference
- (Through answers) _____	Cancelled	A _____	Appeal
+ _____	Restricted	O _____	Objected

Page	Completed	Planned
1	✓	✓
2	✓	✓
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100	✓	✓

Chain	Ford Original	Date
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Order	Product	Quantity	Unit Price	Total Price
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**If more than 150 claims or 10 actions  
staple additional sheet here**

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